



A Public Service Agency

MAIL THIS TO: DEPARTMENT OF MOTOR VEHICLES—FINANCIAL RESPONSIBILITY
P. O. BOX 942884, MAIL STATION J237, SACRAMENTO, CA 94284-0884
(916) 657-6677

THE FEE IS \$20 FOR EACH DOCUMENT REQUESTED AND IS NONREFUNDABLE. PLEASE ENCLOSE A CHECK OR YOUR REQUESTER CODE NUMBER.

REQUEST FOR *(Please check):*

- ☐ Insurance information from file
☐ Uninsured motorist certification
☐ Photocopy of SR1 Report

Please print your name and address in the box above.

Vendor Name _____

Vendor Requester Code No. _____

Vendor Agreement No. _____

☐ **The subject of your inquiry:**

☐ has complied with the law by submitting evidence of liability insurance with _____.

☐ is not named in our file. If the subject is not named on an SR1 report or a police report, an SR19C cannot be processed.

☐ did not file an SR1 report.

☐ was driving a vehicle owned by _____.

This company is an authorized self-insurer (SI # _____) and is exempt from the reporting requirement.

☐ has not submitted evidence of liability insurance in effect at the time of the accident.

☐ **The accident does not come under the authority of the Financial Responsibility Law. The SR1 indicates there was no damage over \$500 or any injury.**

☐ **Your request does not:**

☐ contain sufficient information to identify subject's driver license number or to locate a possible file. Please furnish information checked above.

☐ state your interest in the case. Information may only be provided to persons having a proper interest or who were involved in the accident, per Section 16005(b) V.C.

Other:

☐ The department does not maintain insurance records for all vehicles registered in California. Insurance information is requested only after a reportable accident occurs in California.

☐ The FR file has been purged in accordance with our 19-month purge criteria, therefore, the insurance information from the FR file is no longer available.

☐ Effective 9/30/96, SR 1 Traffic Accident Reports, received later than one year from accident date cannot be accepted.

☐ No SR 1 accident report has been received, therefore no file has been established as of _____.

☐ The driver involved in this accident provided the department with insurance information. When a driver has been identified and provides information, the department will not solicit insurance information from the registered owner.

☐ The vehicle was reported "Parked", therefore, insurance information was not solicited.

☐ If you resubmit this request, a new \$20.00 fee is due.

—COMPLETE THE FOLLOWING—

YOUR REQUESTER CODE NO.	F.R. FILE NO. (IF KNOWN)
ACCIDENT DATE	LOCATION (CITY)
DATE INFORMATION REQUESTED	
YOUR CLIENT OR INSURED	
DRIVER OF CAR YOUR CLIENT OR INSURED WAS IN	
DRIVER LICENSE NO.	BIRTH DATE
ADDRESS (REQUIRED)	

SUBJECT OF INQUIRY: *(one name per request)*

NAME	
ADDRESS	
DRIVER LICENSE NO.	BIRTH DATE
VEHICLE LICENSE NO.	

